

**Maryland Immunization Information System (ImmuNet)
Records Request Form**

ImmuNet information is confidential and will not be released to third parties without written consent.

You may download and print this form, or request a hard copy by contacting the ImmuNet Help Desk at dhmh.mdimmunet@maryland.gov or 410-935-9295.

Please provide complete information below to receive an immunization record. An email, fax number, or address (to send the record to) is required for a prompt response.

Immunization Record Information

Last Name: _____ First Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____ Gender: _____

Requestor's Information

Information about the person completing the record request (this information will be filed as legal documentation of the record request).

☐ Same as Patient Information above (if not, please provide the information below)

Relationship to patient: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Method for Record to be Sent:

☐ Secure Email Please provide an email address: _____

☐ Fax Please provide Fax number: _____

☐ Mail Please provide a mailing address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a phone number or email that we can use to contact you if this form is incomplete or unclear:

Phone number: _____ Email address: _____

Signature

By checking the box below, I verify the information above is accurate and certify that I have the legal authority to request the record.

I agree: ☐

Signature of Person Requesting the Record: _____

Date completed: _____

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

Mail or Fax to

Maryland Department of Health and Mental Hygiene
Center for Immunization - ImmuNet
201 West Preston Street 3rd Floor, Baltimore, MD 21201
Fax: (410) 333-5893

DHMH (For Official Use Only)

Date Received: _____

Date Fulfilled: _____

Initials: _____

Record: Sent / Not Found